

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/576,063		FILING DATE 4-17-06				
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		1					53						
4		3					54						
5		①					55						
6	1						56						
7		1					57						
8		1					58						
9		1					59						
10		3	1				60						
11							61						
12				1			62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
17				1			67						
18			1				68						
19				1			69						
20				1			70						
21				1			71						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	12	←	12	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	14		14				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

Barbara Campbell, PCT National Stage

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